

HOUSE JOINT RESOLUTION 150

By Bone

A RESOLUTION to urge the Center for Medicare and Medicaid Services to revise its fee schedule for pre-hospital emergency medical systems.

WHEREAS, it is recognized that there are economic hardships on small rural hospitals and that such hospitals being classified as Critical Access Hospitals (CAH) had eased the fiscal burden on such facilities; and

WHEREAS, it is recognized that the same fiscal hardships exist for the pre-hospital emergency medical systems (EMS) of rural communities as for rural hospitals, and such effect is seriously hindering the ability of rural emergency medical systems to respond to their community responsibilities; and

WHEREAS, it is recognized that pre-hospital emergency medical systems have had their Medicare reimbursements from the Center for Medicare and Medicaid Services decreased as the national reimbursement system is phased into a national fee schedule, thereby making it difficult to maintain quality in pre-hospital EMS services in rural areas, while suburban and urban area EMS operations essentially benefit from the fee schedule; and

WHEREAS, it is recognized that a Critical Access Hospital (CAH) based pre-hospital EMS service cannot receive any fiscal relief unless it is over thirty-five (35) miles from the next closest EMS service; now, therefore,

BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE 104<sup>th</sup> GENERAL ASSEMBLY, THE SENATE CONCURRING, that the Center for Medicare and Medicaid Services is strongly urged to amend its rules and regulations governing Critical Access Hospitals to allow Critical Access Hospital EMS services to be funded via a cost based

reimbursement system regardless of their distance from the next closest EMS system and in the same manner as was implemented to remedy the plight of small rural hospitals.

BE IT FURTHER RESOLVED, that an enrolled copy of this resolution be sent to the Center for Medicare and Medicaid Services and to each member of Tennessee's Congressional delegation.